

AMENDED IN ASSEMBLY JANUARY 4, 2006

CALIFORNIA LEGISLATURE—2005–06 REGULAR SESSION

ASSEMBLY BILL

No. 291

Introduced by Assembly Member Koretz

February 9, 2005

An act to add Section 123256 to the Health and Safety Code, relating to maternal health.

LEGISLATIVE COUNSEL'S DIGEST

AB 291, as amended, Koretz. Postpartum mood and anxiety disorders: screening.

Under existing law, the State Department of Health Services is required to maintain a program of maternal and child health, which is administered by the department's Maternal and Child Health Branch. Under existing law, the maternal and child health program includes, among other subjects, pregnancy testing, perinatal health care, and nutrition.

~~This bill would include as a component of the department's program of maternal and child health a requirement that pregnant women and new mothers be screened for postpartum mood and anxiety disorders, at designated intervals. The bill would require a physician or other health care practitioner to review and discuss the screening tool with the patient. The bill would require the physician or other health care practitioner to present the patient with an information sheet on postpartum mood and anxiety disorders, developed or obtained by the department for distribution in accordance with the bill.~~

~~This bill would provide for the assessment of an administrative fine against a physician or other health care practitioner who violates the bill's requirements, upon the second and subsequent complaints against the physician or other health care practitioner for the violation.~~

~~The bill would require that all fines collected pursuant to the bill, upon appropriation by the Legislature, be credited to the Contingent Fund of the Medical Board of California to be used by the Office of Women's Health within the department for outreach services that provide information to women about postpartum mood and anxiety disorders.~~

This bill would require the department, in cooperation with other postpartum mood and anxiety disorders professional organizations, to prepare an information sheet for pregnant women containing specified information about the symptoms and treatments for postpartum mood and anxiety disorders, and related resources and assistance for parents, and to make that information sheet available to health care providers and members of the public. The bill would require a physician or other health care practitioner who provides prenatal care to a pregnant woman during gestation or at delivery of an infant to provide the woman with a copy of that information sheet, and to document in the patient's medical record that the information was received by the patient. The bill would require that the physician, or other health care practitioner, or a hospital, birthing center, or other medical facility that employs the physician or other medical practitioner to retain a copy of that documentation in the patient's medical record for a period of at least 3 years.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:
3 (a) Postpartum mood disorders can take many forms,
4 including depression, anxiety, panic disorder,
5 obsessive-compulsive disorder and psychosis. Therefore, it is
6 appropriate to use the broader, more accurate term "postpartum
7 mood and anxiety disorders" to describe the many levels and
8 severities of this affliction, which can have potentially serious
9 repercussions for the psychological, social and physical health of
10 mothers, children, and families. It is critical that all Californians
11 become aware of how common postpartum mood and anxiety
12 disorders are, that they affect all categories of women regardless
13 of their age, race, or income level, that they can have a profound

1 impact on the family and that they are eminently treatable with
2 medication, therapy, or both.

3 (b) Studies have shown that up to 80 percent of women around
4 the world will experience a change in their mental health after
5 giving birth, a normal postpartum adjustment known as “baby
6 blues.” Between 10 and 20 percent of new mothers are affected
7 by postpartum depression and may experience symptoms of
8 depressed mood, inability to find pleasure in usually engaging
9 activities, sleep disturbances, diminished concentration, appetite
10 and weight loss, anxiety and panic attacks, feelings of guilt and
11 worthlessness, suicidal thoughts, and fears about hurting the
12 baby. One to two out of every 1,000 new mothers can experience
13 postpartum psychosis, which may begin with manic states,
14 hyperactivity, an inability to sleep, and avoidance of the baby,
15 and may lead to delusions, hallucinations, incoherence, and
16 thoughts of harming the child or themselves.

17 (c) Many women are not adequately informed about, or
18 screened and treated for, postpartum mood and anxiety disorders
19 because they are uninsured or underinsured and lack access to
20 comprehensive health care. Many women also face cultural and
21 linguistic barriers to information, screening, and treatment. Many
22 at-risk women may not get help because they are not informed
23 about postpartum mood and anxiety disorders as part of their
24 ~~health care, nonuse of parent~~ *health care, because of nonuse of*
25 *parental* screening and assessment tools, and because they are
26 unaware of services and treatment for postpartum mood and
27 anxiety disorders such as medication, professional therapy and
28 counseling, support groups or crisis hotlines.

29 (d) Increased education and awareness, improved access to
30 health care, proper use of parental screening tools, and health
31 care providers communicating with their patients about
32 postpartum mood and anxiety disorders are all critical factors in
33 identifying mothers-to-be who are at risk. That prompt diagnosis
34 and treatment, and proper social support can effectively work
35 together to facilitate a mother’s recovery.

36 (e) It is therefore the intent of the Legislature in enacting this
37 act to ensure that pregnant and postpartum women are screened
38 periodically throughout their pregnancy and throughout the first
39 postpartum year for depression and mood disorders, which will

1 initiate dialogue with their health care providers and ensure that
2 they are given resource and symptom information.

3 SEC. 2. Section 123256 is added to the Health and Safety
4 Code, to read:

5 123256. (a) The department shall, in cooperation with other
6 postpartum mood and anxiety disorders professional
7 organizations, prepare an information sheet on postpartum mood
8 and anxiety disorders for pregnant women containing the
9 following information:

10 (1) A list of the symptoms and treatments for postpartum mood
11 and anxiety disorders.

12 (2) A list of organizations, agencies, clinics, or other
13 resources that a parent may contact to receive counseling and
14 assistance for postpartum mood and anxiety disorders and other
15 emotional traumas associated with pregnancy and parenting,
16 including the names, addresses, and telephone numbers of those
17 organizations, agencies, clinics, or other resources. The
18 department shall make the information sheet available to
19 healthcare providers and to members of the public.

20 (b) A physician or other health care practitioner who provides
21 prenatal care to a pregnant woman during gestation or at
22 delivery of an infant shall do all of the following:

23 (1) Provide the woman with a copy of the information sheet
24 prepared by the department pursuant to subdivision (a).

25 (2) Document in the patient's record that the patient received
26 the information sheet described in paragraph (1).

27 (3) Retain a copy of the documentation required in paragraph
28 (2) in the patient's medical records for a period of at least three
29 years.

30 (c) A physician or other health care practitioner or a medical
31 facility or hospital birthing center that employs a physician or
32 health care practitioner who provides prenatal care to pregnant
33 women during gestation or at delivery of an infant is presumed to
34 have complied with the requirements of subdivision (b) if the
35 woman received prior prenatal care from another physician or
36 health care practitioner at another medical facility or hospital
37 birthing center in this state during the same pregnancy.

38 SEC. 2. Section 123256 is added to the Health and Safety
39 Code, to read:

1 ~~123256. (a) A pregnant woman or new mother participating~~
2 ~~in the maternal and child health program shall be screened for~~
3 ~~postpartum mood and anxiety disorders in accordance with this~~
4 ~~section at the following times:~~

- 5 ~~(1) At the initial prenatal visit.~~
6 ~~(2) At the 20-week prenatal checkup.~~
7 ~~(3) At the 30-week prenatal checkup.~~
8 ~~(4) At the 6-week postpartum checkup.~~
9 ~~(5) By the baby's pediatrician at the 3-month, 6-month, and~~
10 ~~12-month well baby visits.~~
11 ~~(6) At any other time the health care practitioner believes~~
12 ~~screening to be warranted.~~

13 ~~(b) (1) For purposes of this section, screening shall consist of~~
14 ~~the Edinburgh Postnatal Depression Scale (EPDS), which the~~
15 ~~patient shall complete upon checking in for her appointment prior~~
16 ~~to being seen by the physician or other health care practitioner.~~

17 ~~(2) The nurse or physician assistant shall score the EPDS after~~
18 ~~the patient is called in to be seen by the physician or other health~~
19 ~~care practitioner, and deliver it to the physician or other health~~
20 ~~care practitioner to review and discuss with the patient. If there is~~
21 ~~no nurse or physician assistant, the physician or other health care~~
22 ~~practitioner shall review and discuss the EPDS with the patient~~
23 ~~during the appointment.~~

24 ~~(3) After the physician or other health care practitioner has~~
25 ~~discussed the patient's EPDS score with the patient, the~~
26 ~~physician or health care practitioner shall include the screening~~
27 ~~tool in the patient's file. The physician or other health care~~
28 ~~practitioner shall present the patient with the standardized~~
29 ~~information sheet described in subdivision (c).~~

30 ~~(c) The department shall develop or obtain, and update as~~
31 ~~necessary, a standardized postpartum mood and anxiety disorders~~
32 ~~information sheet. The department shall make the information~~
33 ~~sheet available to all health care practitioners in the state for~~
34 ~~distribution under this section. The department shall make the~~
35 ~~information sheet available on its Internet Web site, in a form~~
36 ~~that allows the information sheet to be downloaded. The~~
37 ~~information sheet shall include all of the following:~~

- 38 ~~(1) A definition of the disorders.~~
39 ~~(2) Risk factors.~~
40 ~~(3) Symptoms.~~

1 ~~(4) Treatment options.~~

2 ~~(5) Available resources.~~

3 ~~(6) Answers to frequently asked questions.~~

4 ~~(d) A physician or other health care practitioner who violates~~
5 ~~this section may be cited and assessed an administrative fine~~
6 ~~pursuant to procedures adopted by the department. No citation~~
7 ~~shall be issued and no fine shall be assessed upon the first~~
8 ~~complaint against a physician or other health care practitioner~~
9 ~~who violates this section. Upon the second and subsequent~~
10 ~~complaints against a physician or other health care practitioner~~
11 ~~who violates this section, a citation may be issued and an~~
12 ~~administrative fine may be assessed.~~

13 ~~(e) Notwithstanding any other provision of law, all fines~~
14 ~~collected pursuant to this section shall be credited to the~~
15 ~~Contingent Fund of the Medical Board of California, to be used~~
16 ~~by the Office of Women's Health within the department for~~
17 ~~outreach services that provide information to women about~~
18 ~~postpartum mood and anxiety disorders, but shall not be~~
19 ~~expended until they are appropriated by the Legislature in the~~
20 ~~annual Budget Act or another statute.~~